

**RULE 63 (37 C.F.R. 1.63)**  
**INVENTORS DECLARATION FOR PATENT APPLICATION**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS AND MEANS FOR TREATING PROTEIN CONFORMATIONAL DISORDERS**

the specification of which (check applicable box(es)):

☐ is attached hereto

☒ was filed on October 11, 2005 as U.S. Application Serial No. (Atty. Dkt. No. 620-394)

☒ was filed as PCT International application No. PCT/GB2004/000690 on 24 February 2004

and (if applicable to U.S. or PCT application) was amended on July 8, 2004, And October 11, 2005

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number

Country

Day/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number  
60/462,269

Day/Month/Year Filed  
11 April 2003

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below:

Prior U.S./PCT Application(s):

Application Serial No.

Day/Month/Year Filed

Status: patented  
pending, abandoned

PCT/GB2004/000690

24 February 2004

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint Nixon & Vanderhye P.C., telephone number 703-816-

4000 (to whom all communications are to be directed) and the attorneys of: **Customer Number 23117**, individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent. I also authorize Nixon & Vanderhye to add or delete attorneys from that Customer Number, and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to Nixon & Vanderhye on behalf of the owner(s).

1. Inventor's Signature:

Inventor:

David  
(first)

MI

RUBINSZTEIN  
(last)

Date:

8/11/05

Great Britain  
(citizenship)

Residence: (city)

Cambridge, Cambridgeshire

(state/country)

Great Britain

Mailing Address:

Cambridge Institute For Medical Research, Wellcome/MRC Building, Addenbrookes Hospital, Hill Road,  
Cambridge, Cambridgeshire, Great Britain

(Zip Code)

CB2 2XY

2. Inventor's Signature:

Inventor:

Brinda  
(first)

MI

RAVIKUMAR  
(last)

Date:

India  
(citizenship)

Residence: (city)

Cambridge, Cambridgeshire

(state/country)

Great Britain

Mailing Address:

Cambridge Institute For Medical Research, Wellcome/MRC Building, Addenbrookes Hospital, Hill Road,  
Cambridge, Cambridgeshire, Great Britain

(Zip Code)

CB2 2XY

**[X] See attached sheet(s) for additional inventor(s) information!!**

3.	Inventor's Signature: _____	Date: _____
	Inventor: Julie WEBB (first) MI (last) Great Britain (citizenship)	
	Residence: (city) Cambridge, Cambridgeshire (state/country) Great Britain	
	Mailing Address: Cambridge Institute For Medical Research, Wellcome/MRC Building, Addenbrookes Hospital, Hill Road, Cambridge, Cambridgeshire, Great Britain	
	(Zip Code) CB2 2XY	
4.	Inventor's Signature: _____	Date: _____
	Inventor: _____ (first) MI (last) (citizenship)	
	Residence: (city) _____ (state/country) _____	
	Mailing Address: _____	
	(Zip Code) _____	
5.	Inventor's Signature: _____	Date: _____
	Inventor: _____ (first) MI (last) (citizenship)	
	Residence: (city) _____ (state/country) _____	
	Mailing Address: _____	
	(Zip Code) _____	
6.	Inventor's Signature: _____	Date: _____
	Inventor: _____ (first) MI (last) (citizenship)	
	Residence: (city) _____ (state/country) _____	
	Mailing Address: _____	
	(Zip Code) _____	

FOR ADDITIONAL INVENTORS, check box ☐ and attach sheet with same information and signature and date for each.

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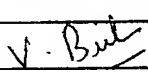
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1. Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inventor: David RUBINSZTEIN Great Britain  
(first) MI (last) (citizenship)

Residence: (city) Cambridge, Cambridgeshire (state/country) Great Britain

Mailing Address: Cambridge Institute For Medical Research, Wellcome/MRC Building, Addenbrookes Hospital, Hill Road,  
Cambridge, Cambridgeshire, Great Britain

(Zip Code) CB2 2XY
2. Inventor's Signature:  \_\_\_\_\_ Date: 7.11.05

Inventor: Brinda RAVIKUMAR India  
(first) MI (last) (citizenship)

Residence: (city) Cambridge, Cambridgeshire (state/country) Great Britain

Mailing Address: Cambridge Institute For Medical Research, Wellcome/MRC Building, Addenbrookes Hospital, Hill Road,  
Cambridge, Cambridgeshire, Great Britain

(Zip Code) CB2 2XY

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	(Zip Code) CB2 2XY	
4.	Inventor's Signature: _____	Date: _____
	Inventor: _____ (first) MI (last) (citizenship)	
	Residence: (city) _____ (state/country) _____	
	Mailing Address: _____	
	(Zip Code) _____	
5.	Inventor's Signature: _____	Date: _____
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	Residence: (city) Cambridge, Cambridgeshire (state/country) Great Britain	
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	(Zip Code) CB2 2XY	

[X] See attached sheet(s) for additional inventor(s) information!!

3. inventor's Signature: John Lee Wells Great Britain  
Inventor: (first) (last) (state/country) (citizenship)  
Residence: (city) Cambridge, Cambridgeshire (state/country) Great Britain  
Mailing Address: Cambridge Institute For Medical Research, Wellcome/MRC Building, Addenbrookes Hospital, HAI Road,  
Cambridge, Cambridgeshire, Great Britain  
(Zip Code) CB2 2XY

4. inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inventor: (first) (last) (state/country) (citizenship)  
Residence: (city) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Zip Code) \_\_\_\_\_

5. inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inventor: (first) (last) (state/country) (citizenship)  
Residence: (city) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Zip Code) \_\_\_\_\_

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